# Los Angeles County Sheriff's Department Officer Involved Shooting

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Report Date:		Principal Section Section	Bureau/Station/Facility:	7			The way of him			
5/2:	2/17		South F	atr	ol / Lakewood	Statio	n	Admin. In	vest.?	Hit? ✓
				Inc	ident Informati	on				
URN:	015-13	224-13	52-013	Da	te:	07/05/2	2015	Tin	ne:	2141
City or Station:		Lakev	vood	1	Nature of Incident: Suspect Johnny Ray Anderson was shot and killed by Deputy					
216th Street, Hawaiian Gardens, CA					uspect Johnny lillan during a p				а киеа в	by Deputy
Location Type (check one or more Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rural School Street Other: Do	e): ogrun	Darkr Daylig Other Stree	ght t Lights ( <i>circle only one</i> ):		Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Startle Struggle Involved Traffic Stop	one or m	ore):	Initiated by (chi Arrest War Call Observation Other Search War Two Perso Prior Activity (chi Detective Inmate Tra Other Routine Pa	on on Unit earrant on Unit check only	
Total # of Shots Fired	by Deputy	Total # of	Shots Fired by Suspect	11	Warning Shot		İ			
1			0		Other:		***************************************	Aero Unit?	✓ '	Canine Unit?
		54** 1			ployee Witness					
Employee #	Last N		First			M.I.	ShiftTime (chec	1 ☐ Day ☐: k only one): Sh	ift Type (chec	Overtime 🔲 Off Du
Employee #	Last N	ame	First	Nan	ne	M.I.	ShiftTime (chec	k only one): Sh	iftType (che	
			No	n-E	imployee Witne	sses				
Last Name						First N	lame			M.I.
Street Address			City			Zip Co	W	ork Ph	Hon	ne Ph
Last Name						First N	lame			M.I.
Street Address			City			Zip Cc	vde V	1.01	Hon	ne Ph
Last Name						First N	lame			M.I.
Street Address			City			Zip Co	ode VA/	ork Ph	Hon	ne Ph
00					Supervisors				10.000	
Employee #	ast Name	Joblin	First N	ame	James	м.і. R		uring shooting	=	tness to shooting olved in shooting
Employee #	ast Name		First N	ame		M.I.	(check one of On Duty Present d	r more): uring shooting		tness to shooting olved in shooting
				1	Vatch Sergean					
Employee #	Last Na	me	Moore			Fi	rst Name	Jeffrey		M.I.
\$100 m			WOOTE	W	atch Command	or ·	- 1	o doning y		
Employee #	Last Na	me		a de	the ball of the second	THE OWNER OF THE PARTY OF	rst Name			M.I.
			Lindblom	1				Eric		R

# ##	PSTD Use Only (1984) 1st
SH#	2382214

### Officer Involved Shooting

URN: 015-13224-1352-013

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					Rollout Informa	tion								
Arrival	Date 07/05/15	Ar	rival Time	2330	Date Submitted	5/11	/17	Date of Re	comme	ndation				
Employ	yee # Last Na	me		Flor	es		First Name		Dav	vid		N	Л.І.	
Employ	yee # Last Na	me		Dar	ng		First Name	*	Lua	an		Ŋ	A.I.	V
Employ	yee # Last Na	me		Mar	tin		First Name		Dar	niel		1	N.I.	w
			en de la companya de	Shoot	ting / Force Int	forma	tion	Str.		X.				
Meth							Туре	of Injur	y		Body	/ Par	t Ini	ured
(AW) (BC) (BFN) (CC) (CT) (CC) (CE) (FRS) (FB) (FEL) (CC)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Te Control Holds:(Takedown Chemical Chemical Agents (OC Spr Chemical Agents (Tear G: Explosives Firearm (Handgun) Firearm (Shotgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	adown)	(OO) (PK) (PS) (PP) (PP) (PO) (CR) (CRH) (HB) (TRE) (SG) (SB) (SB) (ST)	Other Weapon Personal We Personal We Personal We Personal We Personal We Resistance Restraint De	on: Blunt Object on: Other apon: Feet/Leg: (Kick apon: Feet/Leg: (Swe apon (Hand/Arm) apon (Push) apon (Other) vice (Capture Net) vice (Handcuffs) vice: Hobble (Legs On vice: Hobble (TARP) vice: REACT Belt	ер)	(AB) (BR) (BU) (CP) (CO) (DI) (DB) (FR) (GS) (HB) (LC) (ND) (OD) (PW) (SD) (ST) (UN)	Abrasion Bruise Burn Complaint Concussic Death Dislocation Dog Bite Fractures Gunshot Human Bit Laceration Nerve Dar Organ Dar Paralysis Puncture I Soft Tissue Sprain/Tw Unconscio	t of Pain on n te ns mage mage wound e Dame ists		(AD) (AK) (AR) (AR) (AR) (AR) (AR) (AR) (AR) (AR	Abi Ann Bac But Ch Elb Fac Fin Ge Gro Han Heip Inte Kno Nec	domer kle n ck ttocks est ow ce et gers nitals bin nd ad	n
(AK) (BN) (BR) (CH) (CO) (DA) (GL) (HA) (HI) (HK) (IT)	d AK-47 Benelli Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Richardson Hi Standard H & K Ithica	(JÉ) (LO) (LU) (MA) (MO) (NC) (NA) (NO) (RA)	Iver Johnson Jennings Lorcin Luger Marlin Mossberg NCI aka SKS North America Norinco Raven Remington RG		Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-In Other Brand	mate)	(10) 10 (12) 12 (20) 20 (21) .22 (22) .22	r mm mm guage guage 2-250 2 caliber 23 caliber	(24) (25) (30) (35) (36) (38) (40)	.243 cal .25 cali .308 cal .357 cal 30-60 c .38 cali .40 cali	liber of the liber		.410 .44 c .45 c 50 m Slug	guage aliber aliber

### FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S	E1	PH	N/A	N/A			N/A	
E1	S	FH	BR	9	Y	Y	DH	СН
		~~~						

#### Officer Involved Shooting Involved Employee Information

URN: 015-13224-1352-013

Page 3 of **Involved Employee** Last Name First Name M.I. Employee # E 1 Millan Karlos M Sex: M Unit Assignment: Work Assignment (Unit #, Module, etc.): Rank: Deputy Lakewood 135A ShiftTime (circle only one): ShiftType (circle only one): Substance Used: Intoxication/Drug Usage? Regular Overtime Off Duty EM PM □ Day Hospital Name: Coroner Case # Coroner Case? Interviewed? Hospital Admission? Hrs of sleep prior to shooting: Du Clothing (circle only one): Other Factors: Plain Clothes no Vest Raid Jacket w/ Vest Age Height: Plain Clothes w/ Vest Uniform no Vest 510 230 Uniform w/ Vest Raid Jacket no Vest Range Qualification Date: PPC Qualification Date: Laser Training Date: Certified with Weapon Number of Prior Patrol Certification? Directed Force: Certification Unit: Prior Shootings Used? Shootings: Weapons Fired Caliber # Shots Caliber # Shots Weapons Fired Beretta 9MM 1 Brand: Brand: Field Training Officer Emp ast Name First Name MI. Field Training Officer Emp # ast Name First Name M.I. Last Name Employee # First Name E Sex: Race: Work Assignment (Unit #, Module, etc.): Rank: Unit Assignment: ShiftTime (circle only one): ShiftType (circle only one): Substance Used: Intoxication/Drug Usage? ☐ EM ☐ PM ☐ Day Regular Overtime Off Duty Coroner Case # Hospital Name: Hospital Admission? Coroner Case? Interviewed? [ Hrs of sleep prior to shooting: Duty Time (hrs): Other Factors: Clothing (circle only one): Plain Clothes no Vest Raid Jacket w/ Vest Age: Height: Weight: Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Certified with Weapon Number of Prior Patrol Certification? Certification Unit: Directed Force: Prior Shootings? Shootings: Used? Weapons Fired Caliber # Shots Weapons Fired # Shots Brand: Brand: Field Training Officer Emp # Last Name First Name M.I. Field Training Officer Emp # Last Name First Name M.I. Last Name M.I. First Name Employee # Ε Sex: Race: Rank: Unit Assignment: Work Assignment (Unit #, Module, etc.): ShiftTime (circle only one): ShiftType (circle only one): Substance Used: Intoxication/Drug Usage? ☐ EM ☐ PM ☐ Day Regular Overtime Off Duty Coroner Case # Hospital Name: Hospital Admission? Coroner Case? Interviewed? [ Hrs of sleep prior to shooting: Duty Time (hrs): Clothing (circle only one) Other Factors: Plain Clothes no Vest Height: Weight: Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Certified with Weapon Number of Prior Patrol Certification? Directed Force: Certification Unit: Prior Shootings? Used? Shootings: Weapons Fired # Shots Caliber # Shots Weapons Fired Caliber Brand: Brand: Field Training Officer Emp# Last Name M.I. First Name Field Training Officer Emp# Last Name First Name M.I.

## Officer Involved Shooting Suspect Information

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		S. S.	uspect l	nformation		
S 1	Last Name	Anderson		First Name	Johnny	M.I. R
	AKA Last Name			First Name		M.i.
	Sex: M Race:	Street Address:		City		State & Zip Code:
	IV: H		ent Social Sec	·		outo a Lip occo.
	Work Phone: N/A	Home Phone: N/A	Social Sec	STIGHT W	Driver's License #:	
	Age: 43 D.O.B. 07/09/71	Height: 508 Weight: 140	FBI#		CII#	
	Booking # N/A	Primary Charge: Attempting to disarm	a PO - 14	48(d) PC Secondary Charge: Disobeying	a court order - 166	6 (a) (10) PC
	Coroner Case?	Coroner Case # 2015-04638		Intoxication/Drug Usage?	Substance Used: Methamph	netamine
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make			Model:	Year:	
	Last Name	o a lacenda est comunicación de la collega d	Carlo Bullion Landson St.	First Name	a new Marine, a state to Atlanta Law on Atlanta	M.I.
s	AKA Last Name					
	AKA Last Name			First Name		M.i.
	Sex: Race:	Street Address:		City		State & Zip Code:
	Work Phone:	Home Phone:	Social Sec	curity #:	Driver's License #:	
	Age: D.O.B.	Height: Weight:	FBI#		CII#	
			101#		- CII #	
	Booking #	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make			Model:	Year:	
	Last Name	Strand Landon Madelanda Come Manage	addital in the comme	First Name	Section Learner Section 1. Section 18 Sectio	Salario de Calabra de
s	Last Name	State of a real No. of Capitalist Street	ASSA STATE	First Name	Saltinia an gan 2 fan in 12 an Saltinia an Saltinia an Saltinia an Saltinia an Saltinia an Saltinia an Saltini	M.I.
s		Statiska tij in de se ste ste gedane stege straen	and the state of the second	First Name First Name		M.I. M.I.
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S_	Last Name  AKA Last Name	Street Address: Home Phone:	Social Sec	First Name	Driver's License #:	M.I.
S	Last Name  AKA Last Name  Sex: Race:		Social Sec	First Name		M.I.
S	Last Name  AKA Last Name  Sex: Race:  Work Phone:	Home Phone:		First Name	Driver's License #:	M.I.
S	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Home Phone: Height: Weight:		First Name  City  surity #:	Driver's License #:	M.I.
S	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Home Phone:  Height: Weight:  Primary Charge:		First Name  City  curity #:  Secondary Charge:	Driver's License #:	M.I.
S	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #		First Name  City  curity #:  Secondary Charge:  Intoxication/Drug Usage?	Driver's License #:  CII #  Substance Used:	M.I.
	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	FBI#	First Name  City  curity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I.
S	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	FBI#	First Name  City  curity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I. State & Zip Code:
	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	FBI#	First Name  City  curity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I.
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	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:  Height: Weight:	FBI#	First Name  City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  Curity #:	Driver's License #:  CIt #  Substance Used:  Criminal History?  Year:  Driver's License #:	M.I. State & Zip Code:  M.I.  M.I.
	Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?  Street Address:  Home Phone:  Height: Weight:  Primary Charge:	FBI#	First Name  City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  City  Curity #:  Secondary Charge:  Intoxication/Drug Usage?  Intoxication/Drug Usage?  Mental Illness?	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  Driver's License #:  CII #  Substance Used:  Criminal History?	M.I. State & Zip Code:  M.I.  M.I.
	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?  Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	FBI#	First Name  City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  curity #:  Secondary Charge:	Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  Driver's License #:  CII #  Substance Used:	M.I. State & Zip Code:  M.I.  M.I.

# SUPPLEMENTAL NON-EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

		1 age 0 01
on-Employee Witnesses ast Name	First Name	M.I.
treet Address	Zip Code Work Ph	Home Ph
ast Name	First Name	M.I.
treet Address	Zip Code Work Ph	Home Ph
ast Name	First Name	M.I.
treet Address	Zip Code Work Ph	Home Ph
ast Name	First Name	M.I.
treet Address	Zip Code Work Ph	Home Ph
ast Name	First Name	M.I.
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Street Address	Zip Code Work Ph	Home Ph
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	Zip Code Work Ph	Home Ph
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ast Name Street Address	First Name  Zip Code Work Ph  First Name	M.I.  Home Ph  M.I.
ast Name Street Address ast Name Street Address	First Name  Zip Code Work Ph  First Name  Zip Code Work Ph	M.I.  Home Ph  M.I.  Home Ph
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